

LICENSEE/APPLICANT NOTIFICATION OF NAME CHANGE

The Respiratory Care Board (RCB) may recognize a name change by an applicant or licensee if that name is now his or her new adopted name for all purposes and if the change is not made for fraudulent purposes.

I, _____, hereby certify that I am currently a "Licensee"
(CURRENT NAME)

(RCP# _____) or a "Respiratory Care Practitioner Applicant" in the State of

California. I have applied for a license under the name of _____
(PREVIOUS NAME)

and have assumed the name _____ based on one of the
(CURRENT NAME)

following attached applicable documents:

_____ Court Order	_____ Marriage License
_____ Naturalization Papers	_____ Dissolution Papers
_____ Other Court Documents (specify): _____	

**COPIES OF DRIVER'S LICENSE OR SOCIAL SECURITY CARD ARE NOT
ACCEPTABLE PROOF OF A LEGAL NAME CHANGE.**

Signature: _____ Date: _____

Address: _____
STREET ADDRESS CITY STATE ZIP

Telephone: _____ Social Security Number: _____

**PLEASE NOTE: A REQUEST FOR A NAME CHANGE WILL NOT BE PROCESSED
UNTIL THIS FORM AND ALL APPLICABLE FORMAL DOCUMENTS, STATING YOUR
ASSUMED NAME, HAVE BEEN RECEIVED BY THE RCB.**